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SUBJECT: ZIMBABWE REGIONAL HOSPITAL STRUGGLES TO PROVIDE CARE

REF: 08 HARARE 1007

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¶1. SUMMARY: As reported reftel, Zimbabwe's public hospitals remain closed in most parts of the country, with the few remaining open without adequate medical supplies and services. Instead of filling the void left by the closed public hospitals, many private hospitals have begun a policy of turning away patients, even during medical emergencies, unless a substantial payment in U.S. dollars (around US\$2,000 at Avenues Clinic, the premier hospital in Harare) can be provided at the time of admission. Mater Dei Hospital, a private hospital in Bulawayo, is the only large private hospital in the country that still admits patients without admission payment. According to Mater Dei's director, both private and public hospitals have to deal with a severe shortage of trained staff, nurses, doctors, clean water, and electricity. END SUMMARY.

Innovative Leadership

¶2. During a consular outreach trip to the area on January 21, Mater Dei Hospital director Sister Jameson described Mater Dei's unique status. Mater Dei is a Catholic hospital that has been operating in the city of Bulawayo for more than 50 years. Founded by a group of Franciscan nuns as a private hospital, the hospital has operated as a quasi-public hospital since 2000 when the Franciscan order transferred ownership to a private trust in Zimbabwe. Because of innovative leadership, the 180-bed hospital has only had to close two of its wards due to infrastructure and staffing issues. Mater Dei has worked diligently to become as self-sustaining as possible. The hospital has two generators, three private wells, and has installed solar heating panels for heating purposes in the kitchen, laundry, and the nursery. Currently, the hospital is in negotiations with several private companies and NGOs to provide medical services to their employees now that the medical insurance industry has collapsed. World Vision, Population Services International, and the International Development Bank are in the process of making arrangements to pay a monthly stipend to the hospital to guarantee that their employees can continue to receive timely and quality medical treatment.

¶3. In an effort to retain doctors, Mater Dei now permits physicians to have private offices in the hospital, supplementing their hospital salaries while retaining the benefit of having them on scene for emergencies. This cooperative approach between the hospital and physicians has allowed Mater Dei to retain almost all of its doctors. The hospital reported that it lost only 3 doctors in 2008 compared to the more than 120 nurses they lost during this same time period. It has also begun to pay the transport costs for its entire staff and to provide additional supplemental pay in South African Rand (approx \$50 USD for staff that are not nurses or doctors) in an effort to retain its workforce.

The Challenges

¶4. Facing critical nursing shortages, the hospital continues to recruit and explore other short-term gap measures. Mater Dei doesn't believe it will be able to recruit additional nursing staff given the hospital's inability to compete with the financial incentives being offered to nurses from hospitals in Australia and the U.S. The hospital also lost four pharmacists this year and now has only one pharmacist, two technicians, and volunteer pharmacists staffing the pharmacy. Hospital officials estimate that they have between four to six weeks of pharmaceutical drugs on hand at any given time. Qfour to six weeks of pharmaceutical drugs on hand at any given time and complain that they would stock more but are limited by South African pharmaceutical companies who generally don't stock enough drugs to meet the hospital's demands. The hospital routinely pays additional shipping costs for basic drugs because the companies cannot meet the requested shipping order. Although Botswana is geographically closer to Bulawayo than South Africa, cost concerns force them to buy all of their drugs from South Africa.

¶5. As with other hospitals and organizations, accessing bank funds has been a challenge for Mater Dei. In January 2008, the hospital requested permission to withdraw US\$6,000 to buy equipment to keep elevators and telephone lines working. When we visited, the Reserve Bank of Zimbabwe had still not approved this request.

¶6. Finally, faced with the prospect of either having to turn patients away at the door (a common practice at the private hospitals in Harare) or go bankrupt from providing free medical care to an entire region, Mater Dei tries to bolster the resources of the local public hospital by providing free anesthesia for critical surgeries, fuel to transport the public hospitals' most critical patients, and free use of its autoclaving machines (used to sterilize medical tools). Unfortunately, even with this support, the two public hospitals in Bulawayo have had to close their maternity wards and are turning most patients away because they can not provide the requested medical care.

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Government Harassment

¶7. Amazingly, even though Mater Dei Hospital is the only hospital in Matabeleland with a functioning emergency room and doctors trained in trauma care, the hospital still is routinely harassed by the government. The Reserve Bank of Zimbabwe audits its accounts on a weekly basis and on January 14 threatened the director of the hospital, a Franciscan nun, with jail for not accepting checks written in Zimbabwean currency, a practice all private and public hospitals have adopted because of the continued devaluation of the Zimbabwe dollar.

¶8. This pattern of harassment and intimidation was also evident during the December hospitalization of ZANU-PF Political Commissar Elliot Manyika who later died from injuries reportedly received in a car accident. During Manyika's hospitalization, all of the staff's cell phones were confiscated by the local authorities and were not returned until many days after his death. All incoming and outgoing calls on the hospital's phone lines were also monitored, and the hospital was repeatedly warned against releasing any information regarding Mr. Manyika's case. The hospital was also not permitted to admit anyone other than the family and authorities into the hospital ward where he was treated. After his death, the family refused to pay the medical bills incurred by Manyika as did other local ZANU-PF authorities.

Long-term prospects

¶9. Mater Dei Hospital credits its ability to still operate to its "amazingly generous and committed donors." In 2006, the hospital suffered a major electrical fire that burned down the entire fifth floor. Through a major fundraising program, the hospital was able to completely rebuild the wing. These same funds, over US\$30,000, have also financed the hospital's operating costs for the past 18 months.

Without this money, the hospital could not have rovided the supplemental pay needed to retain staff.

¶10. The hospital admits that it will have to rely on continued grants from organizations outside Zimbabwe in order to meet future operational costs. The director of the hospital went on a fundraising tour to the U.S. in 2002 and expects that she will have to do another fundraising tour in the near future. In the past three years, the hospital has also received substantial grants from the Catholic Church and Rotary International to help underwrite its operational costs.

¶11. Mater Dei continues to explore avenues to expand clinical care while containing rising medical costs. It is actively working with Rotary International to begin a radiology program that would allow the hospital to send its x-rays by computer to doctors in the UK or U.S. to lower expenses and wait-time since radiologists in Zimbabwe charge significantly more for their services than their USA and UK counterparts. The hospital also hopes that by partnering with local businesses to develop a plan for employees no longer covered by medical insurance that it can continue to maintain a significant revenue stream while providing good community care.

COMMENT

¶12. While the long-term future of Mater Dei Hospital remains uncertain, it is clear that the closure of this hospital would effectively leave the western half of Zimbabwe without adequate medical care, particularly in the event of an emergency. This is a concern from a consular perspective given that many, if not most, American tourists visit Victoria Falls and Hwange National Park. QAmerican tourists visit Victoria Falls and Hwange National Park. Also from a consular perspective, Mater Dei retains adequate facilities to provide urgent and standard care for an American citizen, should the need arise. Mater Dei is a long-standing, well-run private institution; other smaller, less resilient institutions are surely faring much worse if they have not already failed. Nevertheless, the continued threats of rising costs, lack of medical insurance schemes, and patients without the ability - or will - to pay may be the hospital's demise. END COMMENT.

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